Embedding HIT in Health Care Reform to Improve Quality and Contain Costs

State Alliance for e-Health Semi-annual Conference

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Driving HCR through Delivery System Innovation

- For the last three years, Vermont has led the nation with its *systemic* health care reform. At the same time that Vermont's coverage reforms have reduced the uninsured population from 9.8% in 2005 to 7.6% in 2008, the state has implemented a balanced set of delivery system and IT reforms to ensure that those coverage improvements can be sustained.

- Vermont is an ideal laboratory to demonstrate the power of "systemness" to bend the curve on the increasing rate of health care costs.

- The HITECH Act will enable us to expand scope and scale of our reforms dramatically.

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Vermont Health Care Reform

60+ Discrete, Active Initiatives which combine to...

Increase Coverage

- **New Coverage Options**
- **Premium Assistance**
- **Integrated Marketing and Outreach**

Improve Quality

- **Provider Access, Transparency**
- **Promote Wellness / Prevention**
- **Blueprint for Health**
  integrated Medical Home & Community Health Team
- **Health Information Technology**
- **Accountable Care Organizations**

Contain Cost Growth

All of Above PLUS

- **Cost Transparency**
- **Statewide Health Resource Planning and Review**
- **Prescription Drug Cost Containment**
- **Administrative Simplification**
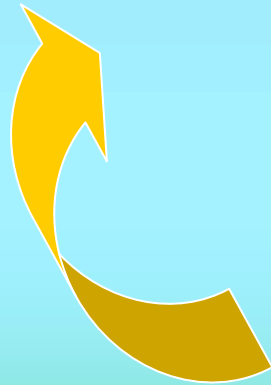
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HIT & HIE Fully Integrated in Health Care Reform from start

- In 2005, VT authorized and funded a single statewide Regional Health Information Organization (RHIO).

- VITL (Vermont Information Technology Leaders), a public/private partnership, 501(c)3, developed standards based architecture for statewide HIE and began operations, now poised to expand dramatically under ARRA.

- Investment in EHR adoption and deployment included in HCR legislation, starting with a primary care EHR pilot, expanded through creation of HIT Fund (fee of 0.199 of 1% on each health care claim) in 2008

Blueprint for Health:
Practice Transformation Engine

Blueprint for Health's integrated HIT-HIE platform:

- web-based registry,
- clinical data repository,
- population-based management tool

populated directly but also through HIE for bi-directional feeds from practice and hospital EHR systems, labs, public health registries, other sources to support:

- clinical messaging,
- care coordination,
- patient and panel management functions

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Blueprint Started with Chronic Disease Focus

- 48% of the non-institutionalized population has one or more chronic conditions[1]

- These 48% with chronic conditions account for 83% of all health care spending
  - 81% of hospital admissions
  - 76% of all physician visits
  - 91% of all prescriptions filled

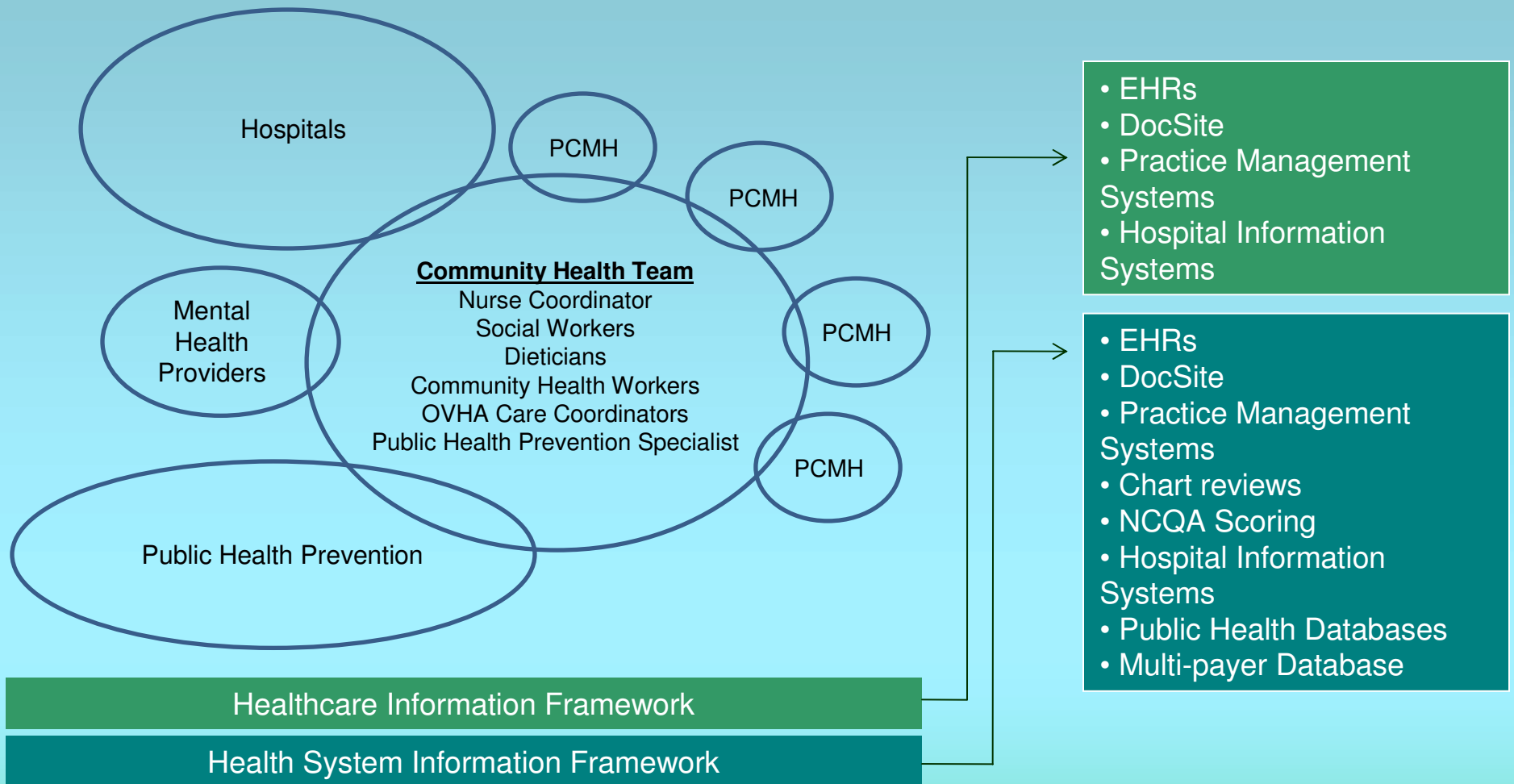- But only 55% get the right care at the right time

[1] *Chronic Conditions: Making the Case for On-going Care*. Partnership for Solutions (RWJF and John Hopkins University), Sept 2004

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Blueprint for Health Integrated Projects

Transformative multi-insurer participation

- Single approach across 3 Primary Carriers and Medicaid in 3 (of 12) Hospital Service Areas – running 2008 through 2010

- Medical Home: evidenced-based practice, clinical micro-systems support

- Community Health Teams (joint funding by all payers); integration with Medicaid Chronic Care Initiative

- Payment Reform (single methodology across all payers for provider metrics and incentive payments)

- Health IT

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Meaningful Use

Hospitals

PCMH

PCMH

PCMH

PCMH

PCMH

Community Health Team
Nurse Coordinator
Social Workers
Dieticians
Community Health Workers
OVHA Care Coordinators
Public Health Prevention Specialist

Mental Health Providers

Public Health Prevention

- EHRs
- DocSite
- Practice Management Systems
- Hospital Information Systems

- EHRs
- DocSite
- Practice Management Systems
- Chart reviews
- NCQA Scoring
- Hospital Information Systems
- Public Health Databases
- Multi-payer Database

Healthcare Information Framework

Health System Information Framework

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Blueprint Integrated Pilot Summary

1. **Financial reform (two major components)**
   - Payment to practices based on NCQA PCMH standards
   - Shared costs for Community Care Teams
   - Medicaid & commercial payers
   - Still need Medicare participation

2. **BP subsidizing Medicare Multidisciplinary care support teams** (Community Health Teams)
   - Local care support & population management
   - Prevention specialists

3. **Health Information Technology**
   - Web based clinical tracking system
   - Visit planners & population reports
   - Electronic prescribing
   - Updated EHRs to match program goals and clinical measures in DocSite
   - Health information exchange network

4. **Community Activation & Prevention**
   - Prevention specialist as part of CCT
   - Community profiles & risk assessments
   - Evidence based interventions

5. **Evaluation**
   - NCQA PCMH score (process quality)
   - Clinical process measures
   - Health status measures
   - Multi payer claims data base (VCHURES)
   - Population Indicators

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IMPACT OF MEDICAL HOME
SAVINGS ACROSS TOTAL POPULATION
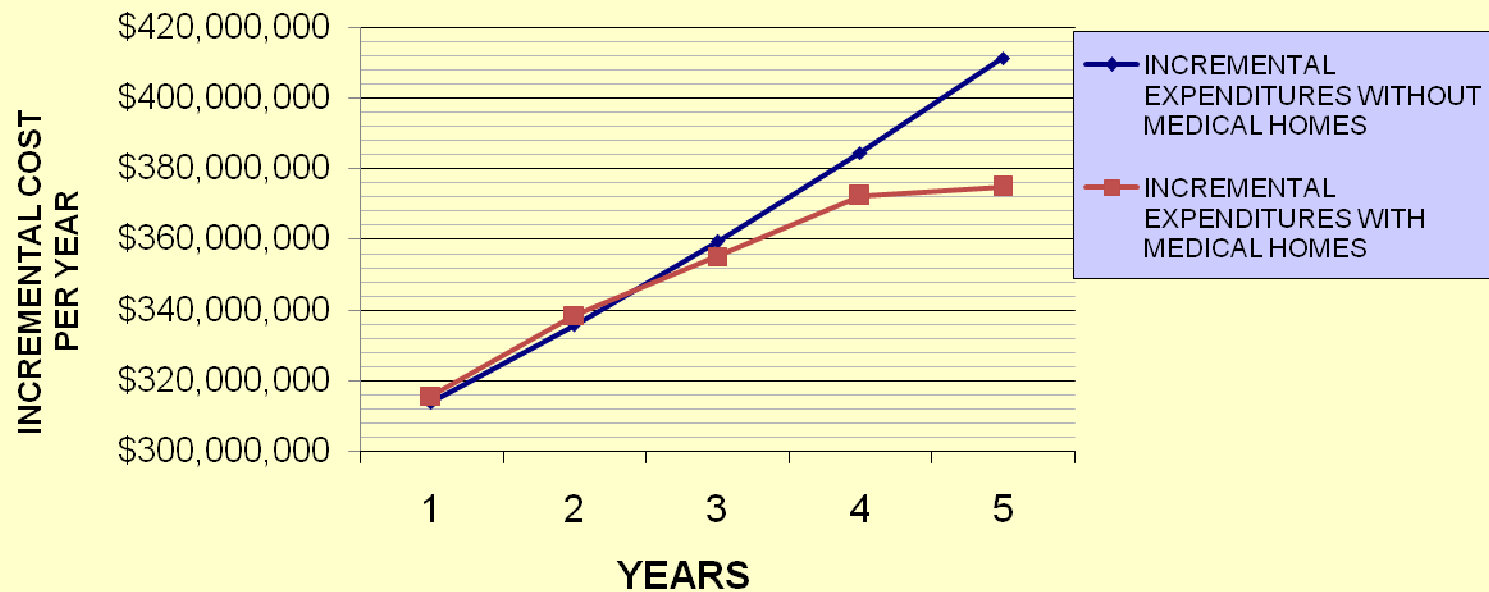
	2009	2010	2011	2012	2013
Percentage of Vermont population participating	6.7%	9.8%	13.0%	20.0%	40.0%
Participating population	42,179	61,880	82,332	127,045	254,852
# Community Health Teams	2	3	4	6	13
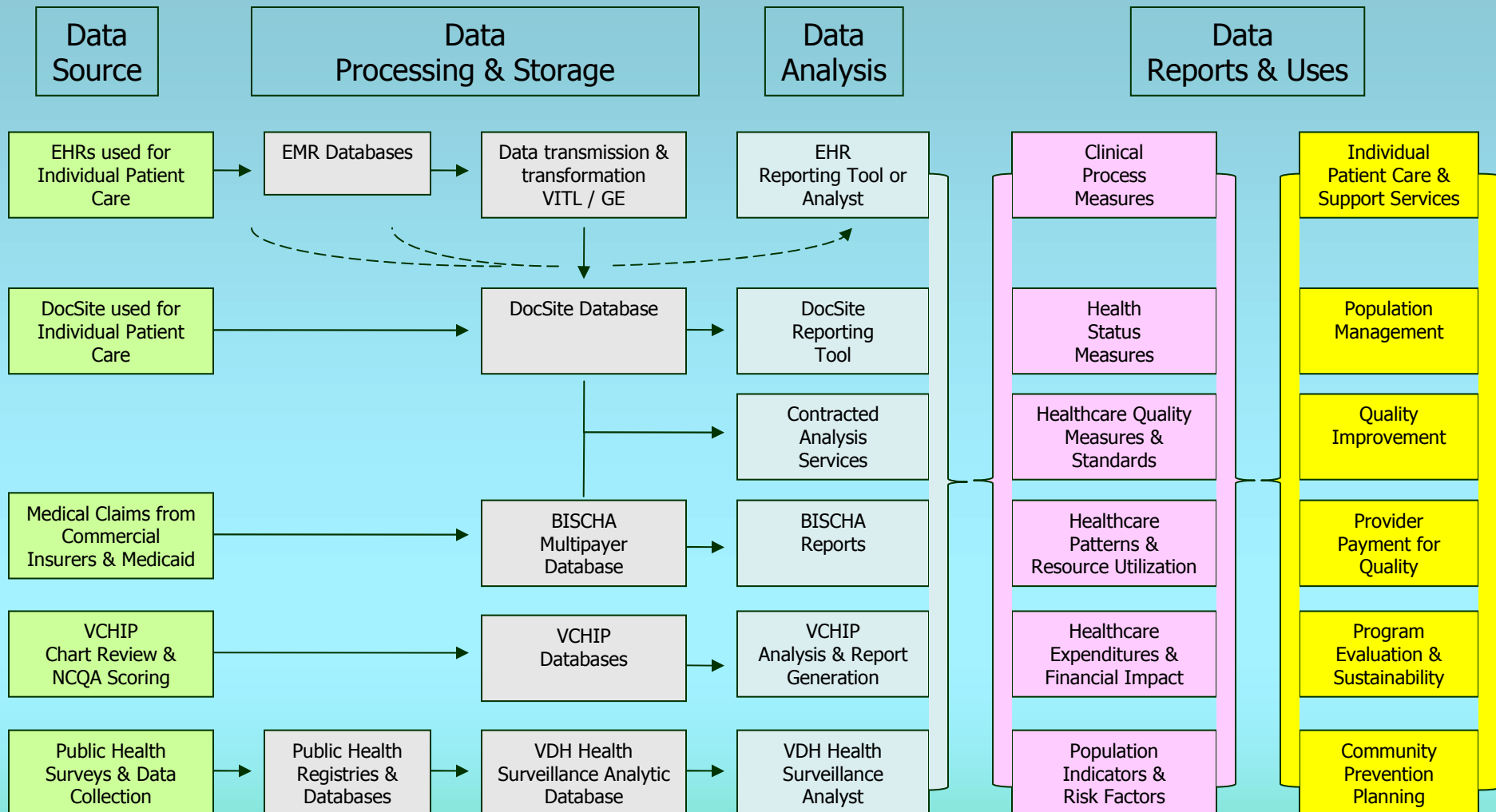
State Policy Aligned with Federal

- 2009 state legislation enacted, mirroring HITECH Act language for what must be included in state HIT plan and state's role ensuring coordination with ONC policy.

- Statute places authority for planning and oversight of state HIT-HIE with OVHA Health Care Reform staff, including authority for state review of ONC, HRSA, AHRQ, & HHS HIT-related grant submissions.

- VITL led a collaborative process resulting in the original Vermont HIT Plan (VHITP) in 2007, updated 2008, now transitioning to an integrated State HIT & Health Care Reform Implementation Plan reflecting post-ARRA world.

Poised to Expand HIT Integration across Health Care Reform

- **Broad Scope of who and what is included** The term "health care provider" definition in Sec. 3000 includes: a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician, a practitioner, a rural health clinic, a covered entity under section 340B, a therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

- **Broad vision of "enterprise integration"** or electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure.

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Federal HIT/HIE Policy, Oversight, & Standards - Office of the National Coordinator (ONC)

State HIT/HIE Policy, Oversight, & Standards – OVHA/HCR

State Government & Public Health

Vermont Health Care Providers & Institutions

NHIN Connectivity

Public Health surveillance, registries, & other public health functions

Medicaid health programs case management functionality and connectivity

Other Medicaid & AHS case management functionality and connectivity

Other state agency & dept. case management functionality and connectivity

Law Enforcement, Corrections, & Court System

Health Information Exchange "Cloud"

for secure, privacy protected interchange of health records, demographic data, image files, clinical messaging, & other digitized health information

Statewide HIE Operated by VITL

Individual Vermonters: connectivity to EHR Portals, Personal Health Records (PHR), Health 2.0 applications and Ix Services

Tertiary and Community Hospitals

Primary Care & Specialty Providers

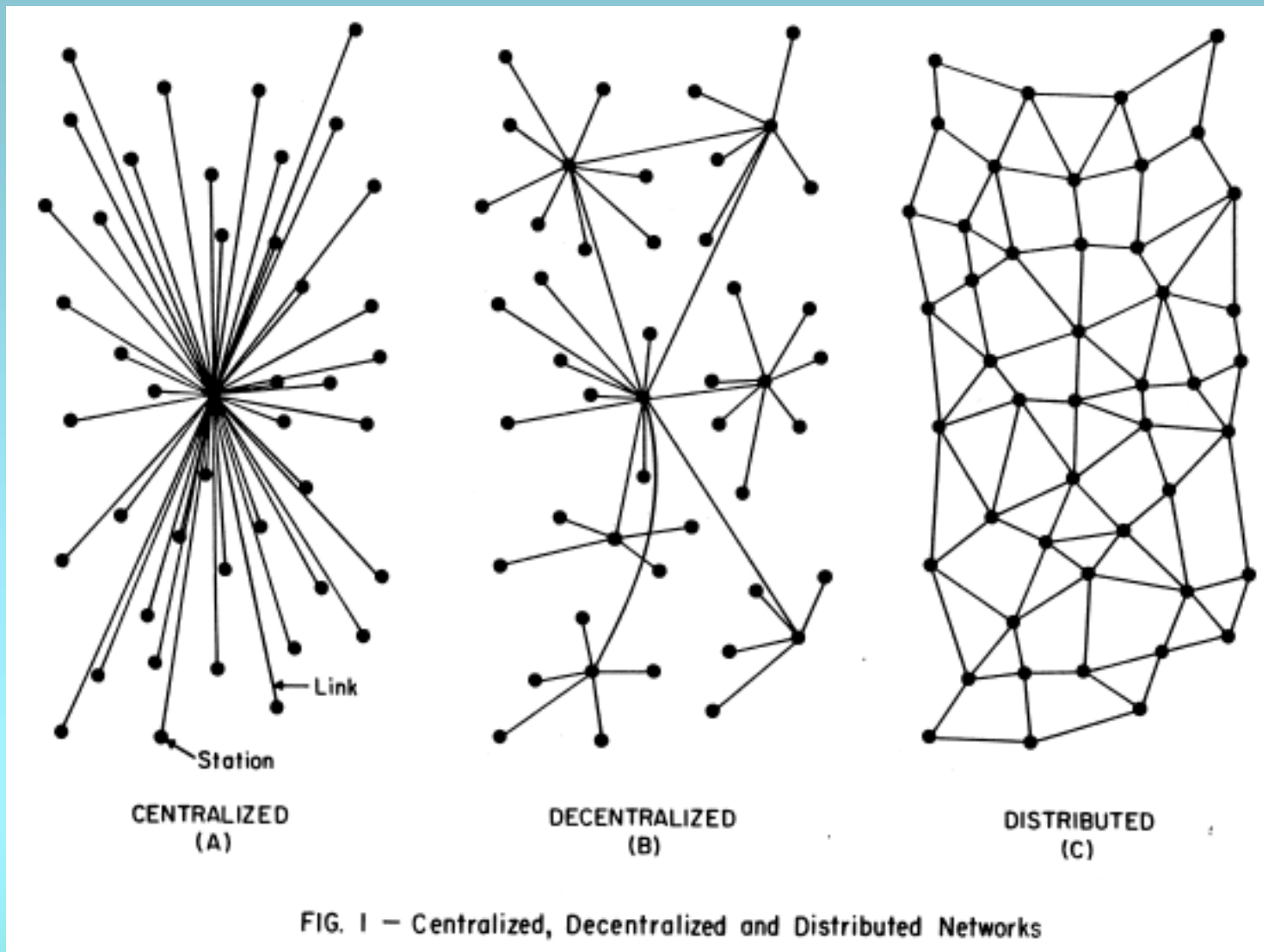Federally Qualified Health Centers & Rural Health Clinics

Free Clinics

Mental Health/BH/SA Providers

Long Term Care Providers

Home Health & Hospice Providers

Community Human Service Agencies (Family Centers, Area Agencies on Aging, etc.)

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FIG. I — Centralized, Decentralized and Distributed Networks

For more information

Vermont Health Care Reform Web-site:

http://hcr.vermont.gov

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